Dr. William Layman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04393

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown — LENGTH OF STAY (in this place) 4 mos.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Cty Hospital	STREET ADDRESS (If rural give location) 725 Sunset Ave.

3. NAME OF DECEASED: (Type or Print)	(First) Daisy	(Middle) May	(Last) Amos	4. DATE OF DEATH:	(Month) Apr.	(Day) 18	(Year) 19 53
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Dec. 10, 1894	9. AGE last birthday: 58 yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Gettysburg, Pa. (near)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Daniel Goodermuth		14. MOTHER'S MAIDEN NAME: Mary	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) none	16. SOCIAL SECURITY No.: none	17. INFORMANT & ADDRESS: Homer C. Amos	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 725 Sunset Ave.

171X

Immediate cause (a) Carcinomatosis — Interval Between Onset And Death: 5 1/2 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Squamous cell carcinoma cervix node II uteri — 3 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: April 26, 1950 — 19b. MAJOR FINDINGS OF OPERATION: Biopsy cervix - Squamous cell carcinoma — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to April 18, 1953, that I last saw the deceased alive on April 18, 1953, and that death occurred at 1:17 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) W. J. Layman, M.D. — ADDRESS 5 Public Square Hagerstown Md — DATE SIGNED April 20, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF 4-21-1953	NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery	LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REGISTRAR April 21, 1953	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman, Hagerstown, Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU VE
APR 23 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04394

CERTIFICATE OF DEATH

Dr Kneisley

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 440 George St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 440 George St.

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) LOUISE (Last) BAKER

4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Sept 27 1890

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Waitress

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Grimes Station Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Cordell

14. MOTHER'S MAIDEN NAME: Ada Tracey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-10-3386

17. INFORMANT & ADDRESS: Mrs Virginia Brown 440 Geaoge St Hagerstown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic Heart Diease — Interval Between Onset And Death: 2 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/13/ ,1953 , to 4/18/ , 1953, that I last saw the deceased alive on 4/16/ , 1953, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 4-20-53

148 W. Washington St. Hagerstown Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/22/53 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REGISTRAR Apr 21 1953 REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
APR 23 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr. Brumback

CERTIFICATE OF DEATH

(0439)

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washingt
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport R#2
STREET ADDRESS (If rural give location) Bower Avenue

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) LESTER (Last) BEITLER

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 19 53

5. SEX: ~~Female~~ Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Nov 3, 1891

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Car Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Rocky Ridge, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Beitler

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: 705-10-4748

17. INFORMANT & ADDRESS: Mrs Helen Conrad Beitler Williamsport, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1574

Immediate cause (a) Carcinoma of head of pancreas — Interval Between Onset And Death: 6 mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 1952, to Apr 17, 1953, that I last saw the deceased alive on Apr 17, 1953, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. J. Stauffer M.D. ADDRESS Hagerstown Md DATE SIGNED Apr. 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4/21/53 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Apr. 20, 1953 — REGISTRAR'S SIGNATURE Chas. H. Towers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown, Md

VS. A15

RECEIVED
APR 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04396

CERTIFICATE OF DEATH

Dr Keadle

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 16 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Beuna Vista Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 101 Beuna Vista Ave

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) LEOLA (Last) BOSTETTER

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec 26 1869

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life. (Even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Mercersburg Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David R. Sword

14. MOTHER'S MAIDEN NAME: Christina Bohrer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ———

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr Lyman Bostetter 101 Beuna Vista Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 2 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive cardiovascular disease

DUE TO (c) with recurrent apoplexy — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28, 1953, to present, 19..., that I last saw the deceased alive on 3-28 1953 and that death occurred at 2 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert T. Keadle MD — ADDRESS Hagerstown — DATE SIGNED 4-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4/4/53 — NAME OF CEMETERY OR CREMATORY Salem Ref. Cemetery — LOCATION (City, town, or county) (State) near Cearfoss Md

DATE REC'D BY LOCAL REGISTRAR Apr. 4. 1953 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04397

Dr Hoacklander

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 424 Virginia Ave

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) EYERLY (Last) BREWER
4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Dec. 8 1859
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Clear Springs Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Daniel Eyerly
14. MOTHER'S MAIDEN NAME: Emma Winders
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -----
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Earl L. Brewer 947 View St.

18. MEDICAL CERTIFICATION Hagerstown Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
331X Immediate cause	(a) Cerebral hemorrhage	3 days
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Hypertension	?
DUE TO		
	(c) Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1952, to April 7, 1953, that I last saw the deceased alive on 6 April, 1953, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Esther D. Goodloe MD ADDRESS Hagerstown Md DATE SIGNED 4/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/9/53 NAME OF CEMETERY OR CREMATORY St Pauls Cemetery LOCATION (City, town, or county) (State) near Clear Springs Md

DATE REC'D BY LOCAL REGISTRAR Apr 8 1953 REGISTRAR'S SIGNATURE Ethel M Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

VS. A15

RECEIVED
APR 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr. Cohen

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 2 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: CARROLL
STATE Maryland COUNTY ~~Washington~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) New Windsor, R.D.
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) T. (Last) BROTHERS
4. DATE OF DEATH: (Month) APRIL (Day) 20 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Singlr
8. DATE OF BIRTH: Nov. 13, 1904
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Mentally Retarded
11. BIRTHPLACE (State or foreign country): Medford Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Brothers
14. MOTHER'S MAIDEN NAME: Emma Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Ethel Crawmer New Windsor Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) ARTERIOSCLEROTIC HEART DISEASE — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Normocytic anemia. Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1951, to April 19, 1953, that I last saw the deceased alive on April 19, 1953, and that death occurred at 4:00 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Archie Robert Cohen M.D. ADDRESS CLEAR Spring Md. DATE SIGNED April 21-1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 22/53
NAME OF CEMETERY OR CREMATORY Winters Cemetery
LOCATION (City, town, or county) (State) New Windsor, Md
DATE REC'D BY LOCAL REGISTRAR Apr 21, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR D.D. Hartzler & Sons ADDRESS New Windsor, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 23

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]399

Dr Wells

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... is especially important. Physicians: please write the ... of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 14 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 64½ West Franklin St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 64½ West Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) ORA (Last) BURGER

4. DATE OF DEATH: (Month) (Day) (Year) April 7 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: April 26 1889

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Maintenance

10b. KIND OF BUSINESS OR INDUSTRY: City Light Plant

11. BIRTHPLACE (State or foreign country): Millerstown Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Burger

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: 220-10-3725

17. INFORMANT & ADDRESS: Mrs Etta B. Burger 64½ W. Franklin St Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

490X

Immediate cause (a) Acute lobar pneumonia (left upper lobe) — 24 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteria sclerotic coronary heart disease

DUE TO (c) Chronic glomerular nephritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 4, 1953, to April 6 1953, that I last saw the deceased alive on 4/6, 1953 and that death occurred at 4:40 A, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Robert Wells M.D. — ADDRESS 115 N. Potomac St. Hagerstown, Md. — DATE SIGNED April 7 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4/10/53 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 8, 1953 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman — ADDRESS Hagerstown Md

APR 10 19
BUREAU V. S.

Item 18 Film G153 4-23-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 N. Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) Duo Trailer Court

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) Harry (Last) Catlett
4. DATE OF DEATH (Month) April (Day) 6 (Year) 53

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 24, 1919
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Sand Blast
11. BIRTHPLACE (State or foreign country) Cumberland Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Raymond C. Catlett
14. MOTHER'S MAIDEN NAME Bertha Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) World War II
16. SOCIAL SECURITY NO. 214-07-1829
17. INFORMANT AND ADDRESS Mrs. Jane L. Catlett Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4X Immediate cause (a) Acute circulatory collapse under nitrous oxide anaesthesia.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) undetermined at present

(c) Nitrous oxide Blood 30 Volumes %

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (note: Died in dental chair)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑.*

SIGNATURE (Degree or title) Robert Mells M.D. DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS Hagerstown Md. DATE SIGNED 4.6.53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-10-1953
NAME OF CEMETERY OR CREMATORY Davis Memorial
LOCATION (City, town, or county) (State) Cumberland Md.

DATE REC'D BY LOCAL REG. Apr. 7. 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A13

RECEIVED
APR 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 24401

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Md.
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 218 N. Jonathan Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown., Maryland
STREET ADDRESS (If rural give location) 218 N, Jonathan Street

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) (no) (Last) Clinton
4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Female Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Jan 25 1906
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Private family
11. BIRTHPLACE (State or foreign country): Hagerstown Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Luther Clinton
14. MOTHER'S MAIDEN NAME: Annie Goens

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-16-3775
17. INFORMANT & ADDRESS: Mrs. Elva Clark. 218 N. Jonathan, St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
4200 Immediate cause	(a)	Arteriosclerotic Heart Disease.	2 yrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Arteriolar nephrosclerosis.	2 yrs
	DUE TO (c)	Hypertension	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1950 to April 16, 1953, that I last saw the deceased alive on April 4th, 1953 and that death occurred at 8 AM, from the causes and on the date stated above.
SIGNATURE [signature] (Degree or title) [illegible]
ADDRESS Hagerstown Md
DATE SIGNED 4/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-19-1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REGISTRAR Apr. 19, 1953
REGISTRAR'S SIGNATURE Chas H Towers
24. FUNERAL DIRECTOR John R Watson Jr. 24 W Bethel St Hagerstown Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural give location): 438 North Mulberry Street

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) Lindsay (Last) Cottrill

4. DATE OF DEATH: (Month) Apr. 18 (Day) (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 4-4-1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months 0 Days 14 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cleaning

10b. KIND OF BUSINESS OR INDUSTRY: Myers & Berkson

11. BIRTHPLACE (State or foreign country): Williamsport, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel W. Lindsay

14. MOTHER'S MAIDEN NAME: Mary E. Goodrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-6577A

17. INFORMANT & ADDRESS: Mrs. Frances M. Gibney, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 12 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis, generalized — indef.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Asthma, intrinsic

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1 ....., 1951 to 4-18., 1953, that I last saw the deceased alive on 4-18., 1953, and that death occurred at 10:45 AM, from the causes and on the date stated above.

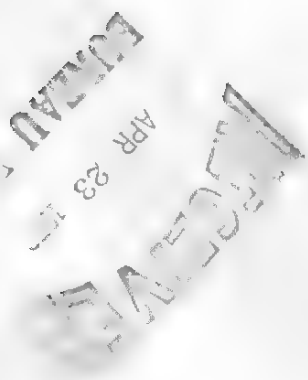
SIGNATURE (Degree or title): Robert J. Wade, MD — ADDRESS: Hagerstown Md — DATE SIGNED: 4-20 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-21-1953 — NAME OF CEMETERY OR CREMATORY: Riverview Cemetery — LOCATION (City, town, or county) (State): Williamsport, Maryland

DATE REC'D BY LOCAL REGISTRAR: Apr 21 1953 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR — ADDRESS: C. M. Suter & Sons, Hagerstown, Md.

Dr. Robt. F. Keadle



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 325 Elizabeth Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural give location): 325 Elizabeth Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mae (Middle) Rogers (Last) Darden

4. DATE OF DEATH: (Month) Apr. (Day) 24 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 1-13-1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months 3 Days 11 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Rooming House Proprietor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fulton County, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert A. Bender

14. MOTHER'S MAIDEN NAME: Lily Sowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-09-9645

17. INFORMANT & ADDRESS: John Rogers, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma of the Gall Bladder

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death: 6 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertensive Heart Disease — Unknown

19a. DATE OF OPERATION: January 22, 1953

19b. MAJOR FINDINGS OF OPERATION: as above

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-31-52 to 4-24-53, 19 , that I last saw the deceased alive on 4-23-53, 19 , and that death occurred at 10:35 P. , from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles Robert Cotton M. D.

ADDRESS: Clear Spring, Maryland

DATE SIGNED: 4-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-28-1953

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: apr. 29. 1953

REGISTRAR'S SIGNATURE: Ethel H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons, Hagerstown, Maryland — ADDRESS

Dr. Archie Cohen

BUREAU V. S.
MAY 1 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 104

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Hagerstown
LENGTH OF STAY (in this place): 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 225 Summer Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural give location): 225 Summer Street

3. NAME OF DECEASED: (Type or Print) (First) Emmanuel (Middle) Oscar (Last) Diffendafer

4. DATE OF DEATH: (Month) Apr. (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 12-17-1885

9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months 4 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: FARM BUREAU COOPERATIVE

11. BIRTHPLACE (State or foreign country): Waynesboro, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emmanuel Diffendafer

14. MOTHER'S MAIDEN NAME: Emmie Shifler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-10-3507

17. INFORMANT & ADDRESS: Albie Shipley, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
404.0 Immediate cause	(a) Arterio sclerotic myocardial heart	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) disease with myocardial failure grade iV	6mos
	DUE TO (c) acute lymphatic leukemia	24mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1, 1953, to 4-27, 1953 that I last saw the deceased alive on 4-27, 1953, and that death occurred at 9 and 5 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Robert Wells M.D. ADDRESS: 115 N. Potomac St. Hagerstown, Md. DATE SIGNED: 5/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5-2-1953
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: May 2 1953
REGISTRAR'S SIGNATURE: Chas. H. Boevert

24. FUNERAL DIRECTOR: C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

VS. A15.

Dr Wells

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MAY 5 1953
BUREAU V. S.

R. Campbell

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]105

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 146 Fairground Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) J (Last) Donaldson

4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Sept. 9, 1895

9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Schindels Drug St.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Donaldson

14. MOTHER'S MAIDEN NAME: Ida M. Spessard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: O. J. Wyand 636 Potomac Ave., Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion	20 min
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary artery sclerosis	5 yr
DUE TO		
	(c) Cerebrosclerosis, Generalized	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1951, to April, 1953, that I last saw the deceased alive on April 12, 1953, and that death occurred at 1:55 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Robert N. Campbell M.D. ADDRESS Hagerstown Md. DATE SIGNED 4/15/53

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF 4/17/53 — NAME OF CEMETERY OR CREMATORY: Rose Hill — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG. Apr. 16. 1953 — REGISTRAR'S SIGNATURE Edith H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss Hagerstown, Md.

VS..A15 8-51

APR 20 1953
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163

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

1. PLACE OF DEATH: Indian Springs
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) R.F.D. Near Clear Spring
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R. F. D. Near Clear Spring
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) Charles (Last) Doyle
4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 11, 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Garage
10b. KIND OF BUSINESS OR INDUSTRY: Garage Proprietor
11. BIRTHPLACE (State or foreign country): Hancock, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Thomas Doyle
14. MOTHER'S MAIDEN NAME: Martha Rosier
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-01-8460
17. INFORMANT & ADDRESS: Mrs. Ethel Florence Doyle Clear Spring, Md. R D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction, acute severe, due to	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary occlusion	18 hours
	DUE TO (c) Arteriosclerotic Heart Disease	5 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis — 2 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 18 19 53 to April 14 19 53, that I last saw the deceased alive on April 13 19 53, and that death occurred at 2:00 a. m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) M. D. ADDRESS Clear Spring, Maryland DATE SIGNED April 14, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF April 17-53
NAME OF CEMETERY OR CREMATORY Episcopal Cemetery
LOCATION (City, town, or county) (State) Hancock, Md.
DATE REC'D BY LOCAL REG. April 16-53
REGISTRAR'S SIGNATURE Joseph W. Murray
24. FUNERAL DIRECTOR Adrian H. Rowland ADDRESS Clear Spring, Md.

RECEIVED
APR 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 3 hrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 355 E. Franklin St.,	STREET ADDRESS (If rural, give location) 355 E. Franklin St.,

3. NAME OF DECEASED: (Type or Print) (First) Dennis (Middle) Lee (Last) Dunn

4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: April 13, 1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 3, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ellsworth Dunn, Jr.

14. MOTHER'S MAIDEN NAME: Margaret E. Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Margaret Wolfe Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

776 X Immediate cause (a) Prematurity (6½ mos) — 3 hr

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Apr, 1953, to 13 Apr, 1953, that I last saw the deceased alive on 13 Apr, 1953, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

SIGNATURE F F Lusby (DEGREE OR TITLE) MD. ADDRESS 230 N Potomac DATE SIGNED 14 Apr 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF April 14, 1953 — NAME OF CEMETERY OR CREMATORY Rose Hill — LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. Apr 14, 1953 — REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

104319128X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

APR 13 1953
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]108

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 620D Commonwealth Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Lee (Last) Everly

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Aug. 15, 1950

9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry G. Everly

14. MOTHER'S MAIDEN NAME: Clara Sprecher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Harry G. Everly Hager town, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 414

Immediate cause (a) [illegible] Valvular Heart — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) (b) Disease — 3 mos

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15/50, 19....., to 4/7/53, 19....., that I last saw the deceased alive on 4/1/53, 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Hagerstown Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Apr. 11, 1953

NAME OF CEMETERY OR CREMATORY: St. Pauls

LOCATION (City, town, or county) Hagerstown (rural) (State) Md.

DATE REC'D BY LOCAL REG. Apr 10, 1953

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

APR 13
BUREAU V.

Film G154 Item 23 5/13/53 mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 34409

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 42 Belview Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 42 Belview Ave.,

3. NAME OF DECEASED (Type or Print): (First) Payton (Middle) Lee (Last) Farmer Jr.

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 25, 1924

9. AGE last birthday: 28 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: W.M.R.R.

11. BIRTHPLACE (State or foreign country): Buchannan, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Payton Lee Farmer

14. MOTHER'S MAIDEN NAME: Cora Lee Graves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-18-8822

17. INFORMANT & ADDRESS: Mrs. Martha Farmer Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Diabetes Mellitus	3 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hemiballismus -	1 yr
	DUE TO (c)	Post-operative prefrontal lobotomy	6 mos.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19.53., to April 14, 19.53., that I last saw the deceased alive on Apr. 12, 19.53., and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

R. S. Stauffer M.D. Hagerstown Md Apr 14, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF — NAME OF CEMETERY OR CREMATORY: Shanktown St Paul's Cemetery — LOCATION (City, town, or county) (State): Shanktown Hagerstown Md.

DATE REC'D BY LOCAL REG. Apr. 14, 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Adrian H. Rowland Clear Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]410

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Wash. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 30 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Washeric
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 113 N. Foundry St

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Andrew (Last) Freshour

4. DATE OF DEATH: (Month) April (Day) 15. (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Oct. 3 - 1896
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard H. Nelson Freshour
14. MOTHER'S MAIDEN NAME: Laura Virginia Martin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 217-10-3472
17. INFORMANT & ADDRESS: Albert Fresh our Graceham Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
163X
Immediate cause (a) Carcinoma lung (Rt) chest [illegible] DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)

Interval Between Onset And Death: 1 MO

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15/53 19 ..., to 4/15/53 19 , that I last saw the deceased alive on 4/15/53 19 ..., and that death occurred at 5 A ..., from the causes and on the date stated above.
SIGNATURE [signature] (Degree or title) ADDRESS William [illegible] DATE SIGNED 4/15/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF Apr. 17 1953
NAME OF CEMETERY OR CREMATORY U.B. Cemetery
LOCATION (City, town, or county) Thurmont, (State) Md
DATE REC'D BY LOCAL REGISTRAR Apr. 16. 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR M. L. Creager & Son ADDRESS Thurmont Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 143 West Franklin Street

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Ann (Last) Geary

4. DATE OF DEATH: (Month) Apr. (Day) 24 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 11, 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months 10 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Owen Geary
14. MOTHER'S MAIDEN NAME: Catherine Sullivan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Charles Mumma, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
332X Immediate cause	(a) Cerebral Thrombosis	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerosis - General	yrs.
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease. yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 22, 1953, to Apr. 24, 1953, that I last saw the deceased alive on April, 1924, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clyde A. Hoffman M.D. ADDRESS 214 N. Pot. St. Hagerstown, Md. DATE SIGNED Apr. 27

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-27-1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REGISTRAR Apr. 27, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Lloyd Hoffman

RECEIVED
APR 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01412

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural give location) 305 N Cocncocheague St

3. NAME OF DECEASED: (Type or Print) (First) Leona (Middle) None (Last) Gray

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 6, 1921
9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR Months 8 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Maitress
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Martinsburg W. Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Smeltzer
14. MOTHER'S MAIDEN NAME: (Not known) Butts

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.: 234-44-6549
17. INFORMANT & ADDRESS: 305 N. Concoccheague Mr. Raymond Gray St. Williamsport Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) [redacted] Carcinoma

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cervix of Uterus c metastasis

DUE TO (c)

Interval Between Onset And Death: 1 year

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8/52 19 , to 4/8/53 19 , that I last saw the deceased alive on 4/8/53, 19 , and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Williamsport Md 4/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 12-53
NAME OF CEMETERY OR CREMATORY Harmony Cemetery
LOCATION (City, town, or county) (State) Near Marlowe W. Va.

DATE REC'D BY LOCAL REGISTRAR Apr. 10, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Edith V. Leaf Williamsport Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

RECEIVED
13 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Wash. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 15 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 655 N. Locust St.	STREET ADDRESS (If rural, give location) 655 N. Locust St.

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Hamburg			4. DATE OF DEATH: (Month) April (Day) 4 (Year) 19 53	
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed	8. DATE OF BIRTH: Apr. 18, 1883	9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (State or foreign country): Washington Co., Md.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Abram Hamburg		14. MOTHER'S MAIDEN NAME: Evaline Cover		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 217-12-1751	17. INFORMANT & ADDRESS: Richard Hamburg, Chewsville, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

334X

Immediate cause (a) Cerebral Apoplexy — 1 Day

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2/53 19....., to 4/4/53 19....., that I last saw the deceased alive on 4/4/53 19....., and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE [illegible] (DEGREE OR TITLE) ADDRESS [illegible] DATE SIGNED 4/4/53

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE THEREOF 3-6-53	NAME OF CEMETERY OR CREMATORY Smithsburg Lutheran	LOCATION (City, town, or county) Smithsburg, Md. (State)
DATE REC'D BY LOCAL REG. Apr. 6, 1953	REGISTRAR'S SIGNATURE Chas. H. Bowers	24. FUNERAL DIRECTOR Scott F. Minnich & Son, Hagerstown	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

APR 8 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Robt Campbell

04411

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1057 Fairview Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1057 Fairview Rd

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) RICHARDSON (Last) HAMILTON

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) Married

8. DATE OF BIRTH: July 19 1887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Hotel Manager Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Berryville Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank L. Hamilton

14. MOTHER'S MAIDEN NAME: Jennie F. Hart

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.: 214-07-1704A

17. INFORMANT & ADDRESS: Mrs Anna Hamilton Hagerstown Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
446X		
Immediate cause	(a) Uremia	1 wk
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Nephrosclerosis	5 yr
	DUE TO (c) Hypertension	15 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ,19 52, to April 3, 19 53, that I last saw the deceased alive on May. 30, 1953, and that death occurred at 2:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert V. Campbell MD ADDRESS Hagerstown DATE SIGNED 4/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/6/53 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) (State) Hagerstown Md

DATE REC'D BY LOCAL REGISTRAR Apr. 6, 1953 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

VS-A15

APR 8 1
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04415

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown R#3
STREET ADDRESS (If rural give location) Sharpsburg Pike

3. NAME OF DECEASED: (Type or Print) (First) Mildred (Middle) Mae (Last) Hammond
4. DATE OF DEATH: (Month) 4 (Day) 22 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 29, 1903
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington Co Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: E.C. Miller
14. MOTHER'S MAIDEN NAME: Mary Ellen Davis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Frank W. Hammond

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416x

Immediate cause (a) Rheumatic Heart Disease — Interval Between Onset And Death 1947

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1947, to April 22, 1953, that I last saw the deceased alive on April 22, 1953, and that death occurred at 9:20 P.M. from the causes and on the date stated above.

SIGNATURE Sidney Novenstein (Degree or title) M.D. ADDRESS Hagerstown Md DATE SIGNED 4/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr 25, 1953
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REGISTRAR Apr 25, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 94416

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 901 Oak Hill Ave.

3. NAME OF DECEASED: (Type or Print) (First) Chester (Middle) Recher (Last) Hays

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 27, 1868
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner
10b. KIND OF BUSINESS OR INDUSTRY: Stationary
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Wilson Lee Hays
14. MOTHER'S MAIDEN NAME: Susan Recher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-05-6224a
17. INFORMANT & ADDRESS: Mrs. Belle S. Hays, 901 Oak Hill Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 600.0

		Interval Between Onset and Death
Immediate cause	(a) Uremia	3 days -
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Chronic pyelonephritis & benign hypertrophy of prostate	24 mo. ?
	DUE TO (c) Cerebral hemorrhage	28 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-15 1944, to 4-19, 1953, that I last saw the deceased alive on 4-19, 1953, and that death occurred at 6:40 p m., from the causes and on the date stated above.

SIGNATURE John H Hornbaker M.D. (DEGREE OR TITLE) ADDRESS 154 W. Washington St. Hagerstown, Md DATE SIGNED 4-21-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 22, 1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown Md. (State)
DATE REC'D BY LOCAL REG. Apr. 22, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son Hag. Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AID 8-51

APR 1953
BUCHAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]117

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 65 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural give location): 242 Prospect Avenue

3. NAME OF DECEASED (Type or Print): (First) Uranza (Middle) M. (Last) Hess

4. DATE OF DEATH: (Month) Apr. (Day) 26 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 3, 1872

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months 7, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ret. Carriage Maker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harney, Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John G. Hess

14. MOTHER'S MAIDEN NAME: Agnes Baker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Mrs. Agnes Ahalt, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cerebral Hemorrhage — Interval Between Onset And Death: 14 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Arterio sclerotic Heart Disease — yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-53, 19 , to 4/26/53, 19 , that I last saw the deceased alive on 4/25/53, 19 , and that death occurred at 1.00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul Maurer M.D. — ADDRESS: Hagerstown Md. — DATE SIGNED: 4/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-29-1953 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: Apr. 29, 1953 — REGISTRAR'S SIGNATURE: Edgar H. Bowers — 24. FUNERAL DIRECTOR — ADDRESS: C. M. Suter & Sons, Hagerstown, Md.

VS. A15

Dr. Earl Young

MAY 1 1953

Item 3 FilmG153 4/30/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Dr Bell

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 3 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2207 Virginia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 2207 Virginia Ave

3. NAME OF DECEASED: (First) HARRY (Middle) KINSEY (Last) HOCH Jr.
4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov 25 1891
9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Metal worker Jamison
10b. KIND OF BUSINESS OR INDUSTRY: Cold Storage Co
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Raleigh E. Hoch
14. MOTHER'S MAIDEN NAME: Katherine Keenan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): ------
16. SOCIAL SECURITY No.: 214-09-5855
17. INFORMANT & ADDRESS: Mrs Grace M. Hoch 2207 Virginia Ave

18. MEDICAL CERTIFICATION — Hagerstown Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
443x
Immediate cause (a) Cerebral thrombosis.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive cardiovascular disease
DUE TO
(c)

Interval Between Onset And Death: 3 days / Lenthe years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12, 1951 to April 1, 1953, that I last saw the deceased alive on Mar. 31, 1953, and that death occurred at 4:45 P.M., from the causes and on the date stated above.
SIGNATURE: K A Bell (Degree or title) M.D. ADDRESS: Hagerstown, Maryland DATE SIGNED: April 3, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/4/53
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md
DATE REC'D BY LOCAL REGISTRAR: April 4 1953
REGISTRAR'S SIGNATURE: Chas H. Bowers
24. FUNERAL DIRECTOR: Andrew K. Coffman Hagerstown Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dargan
LENGTH OF STAY (In this place): 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Residence

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dargan
STREET ADDRESS (If rural, give location): R.F.D.#1, Harpers Ferry, W.Va.

3. NAME OF DECEASED: (First) AARON (Middle) DOUGLAS (Last) HOUSER

4. DATE OF DEATH: (Month) April (Day) 26, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: April 12, 1920

9. AGE last birthday: 33 yrs.
IF UNDER 1 YEAR: Months 0 Days 14
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Dargan, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jesse Herman Houser

14. MOTHER'S MAIDEN NAME: Rebecca Elizabeth Grimm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. Jesse H. Houser, R.F.D.#1, Harpers Ferry, West Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

570.5

Immediate cause (a) Obstructive gastro-intestinal lesion — Interval between onset and death: 4 months

DUE TO (Type or cause unknown)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Idiocy — life

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/53 19..... to 4/26..., 1953..., that I last saw the deceased alive on 4/22/53 19....., and that death occurred at 2:00P.....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Walter H. Shearer Jr. M.D. ADDRESS Sharpsburg, Md. DATE SIGNED April 27, 53.

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 4/26/53

NAME OF CEMETERY OR CREMATORY: Samples Manor Cemetery

LOCATION (City, town, or county) (State): Samples Manor, Md.

DATE REC'D BY LOCAL REG. 4/27/53

REGISTRAR'S SIGNATURE: Cornelius W. Castle, Deputy

24. FUNERAL DIRECTOR: J. Donald Fackler

ADDRESS: Bolivar, West Va.

APR
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]20

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Rd # 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ricky (Middle) Eugene (Last) Hurd

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH: 4-27-53

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours 11, Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Marvin Hurd

14. MOTHER'S MAIDEN NAME: Arlene Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Marvin Hurd, Bridgeport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 7625

Immediate cause (a) Atelectasis - obstruction by mucus. — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Prematurity
DUE TO (c) Maternal cause - premature segmental placental separation

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-27, 1953, to ....., 19....., that I last saw the deceased alive on 4-27, 1953, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

SIGNATURE Robert J. Headle (DEGREE OR TITLE) MD ADDRESS Hagerstown DATE SIGNED 4-28-53

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF 4-28-53 — NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery — LOCATION (City, town, or county) (State) Smithsburg, Md.

DATE REC'D BY LOCAL REG. Apr 28 1953 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstown

2043223312

APR 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 121

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NEAR. BOONSBORO. RURAL
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOONSBORO MD. ROUTE 2.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NEAR. BOONSBORO. RURAL
STREET ADDRESS (If rural give location) BOONSBORO MD. ROUTE-2

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) E. (Last) ITNYRE

4. DATE OF DEATH: (Month) APRIL (Day) 30 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: APRIL. 2. 1871
9. AGE last birthday: 82-0-28 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FRUIT AND BERRY
10b. KIND OF BUSINESS OR INDUSTRY: FARMER-OWN FARM
11. BIRTHPLACE (State or foreign country): BOONSBORO WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: OTHO J. ITNYRE
14. MOTHER'S MAIDEN NAME: MARY SMITH.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MRS. EMMA ITNYRE - BOONSBORO MD R.2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42..1

Immediate cause (a) Arterio sclerotic cardio vascular disease with — Interval Between Onset And Death: 10 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocardial failure

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 apr, 1953, to 30 apr, 1953, that I last saw the deceased alive on 30 apr, 1953, and that death occurred at 11.45 P.M., from the causes and on the date stated above.

SIGNATURE: F F Lusby MD (Degree or title) ADDRESS: 2 300 Potomac DATE SIGNED: 1 May 53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: MAY-3-1953
NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY
LOCATION (City, town, or county) (State): BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REGISTRAR: May. 2. 1953
REGISTRAR'S SIGNATURE: John H. Bast
24. FUNERAL DIRECTOR ADDRESS: WM. F. BAST AND SONS BOONSBORO MD.

DR. LUSBY 230 N. POTOMAC ST HAGERSTOWN MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A26

RECEIVED
MAY 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) John H. Kelley

4. DATE OF DEATH: (Month) (Day) (Year) April 24, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: January 10-1884
9. AGE last birthday: 69 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Construction Work
11. BIRTHPLACE (State or foreign country): Clear Spring, Md.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Henry Kelley
14. MOTHER'S MAIDEN NAME: Emma Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-09-4056
17. INFORMANT & ADDRESS: Mrs. Lethia M. Kelley- Clear Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarction, severe due to coronary occlusion	11 hours
DUE TO		
Antecedent cause(s)	(b) Arteriosclerosis, generalized	unknown
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy, benign — 2 years

19a. DATE OF OPERATION: 4-20-53
19b. MAJOR FINDINGS OF OPERATION: Prostatic hypertrophy, benign
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15-53, 19....., to 4-24-53, 19....., that I last saw the deceased alive on 4-24-53, 19....., and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE Archie Robert Cohen (DEGREE OR TITLE) M. D. ADDRESS Clear Spring, Maryland DATE SIGNED 4-27-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Apr. 28-53
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Rural- Clear Spring, Md.

DATE REC'D BY LOCAL REG. Apr. 28, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers Jr.
24. FUNERAL DIRECTOR Adrian L. Rowland ADDRESS Clear Spring, Md.

VS A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 30 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04122

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 855 Pennsylvania Ave.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Earl	Tobias	Leasure	4	15	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year Months	Days	If under 24 hrs Hours	Min.
Male	White	Married	July 15, 1889	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Yardman	W.M.R.R.	Pennsylvania	U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Susan Bell McLucas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	205-10-8212	Mrs. Anna Leasure Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute coronary thrombosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerotic coronary heart disease	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) DEPUTY MEDICAL EXAM. ADDRESS 115 N. Potomac St. DATE SIGNED
E. Robert Wells M.D. WASH. CO., MD. Hagerstown, Md. 4/16/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-18-53	Rose Hill	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Apr. 16, 1953	E. Kast Rowland	Fred W. Kraiss Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11424

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown
LENGTH OF STAY (In this place) 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 905 Mulberyy Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 905 Mulberry Ave

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Alice (Last) Leatherman
4. DATE OF DEATH: (Month) April (Day) 25 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	Feb. 14, 1867	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Wolfsville, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joshua E. Hoover
14. MOTHER'S MAIDEN NAME: Sarah E. Shephard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT & ADDRESS: Miss. Alice I. Leatherman Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.0
Immediate cause (a) Cerebral Thrombosis DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic Heart Disease DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH: 4 hrs / 10 yrs

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19..., to 4/24/53, 19..., that I last saw the deceased alive on 4/24/53, 19..., and that death occurred at ...m., from the causes and on the date stated above.
SIGNATURE: Ted Young MD (DEGREE OR TITLE) ADDRESS Hagerstown Md DATE SIGNED 4/27/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4-29-53
NAME OF CEMETERY OR CREMATORY: United Brethern Cemetery
LOCATION (City, town, or county) (State): Wolfsville Md.

DATE REC'D BY LOCAL REGISTRAR: Apr. 28. 1953
REGISTRAR'S SIGNATURE: Chas. H. Hoover
24. FUNERAL DIRECTOR: Scott F. Minnich & Son
ADDRESS: Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/ATR 8-51

APR 30 1953
BUREAU V. S.

Dr. Walter Layman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01125

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Cty. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 59 E. Antietam St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Newton (Last) Lenharr

4. DATE OF DEATH: (Month) Apr. (Day) 26, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Nov. 24, 1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months | Days; IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Barber
10b. KIND OF BUSINESS OR INDUSTRY: Own business
11. BIRTHPLACE (State or foreign country): Greencastle, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emmanuel Lenharr
14. MOTHER'S MAIDEN NAME: Rebecca Warner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Alfred W. Lenharr

18. MEDICAL CERTIFICATION Greencastle, Pa.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary sclerosis — Interval Between Onset And Death: unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation — 12 hours; Urinary retention — 4 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22, 1953, to April 26 1953, that I last saw the deceased alive on April 26 1953, and that death occurred at 6 15 pm. E.ST. from the causes and on the date stated above.

SIGNATURE (Degree or title) W. T. Layman, MD — ADDRESS 5 Public Square Hagerstown Md. — DATE SIGNED April 27, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-29-1953
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Greencastle, Pa.
DATE REC'D BY LOCAL REGISTRAR Apr. 29, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman, Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]126

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown, Md
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 134 W. Bethel St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Maryland
STREET ADDRESS (If rural give location) 134 W. Bethel Street

3. NAME OF DECEASED: (Type or Print) (First) Evelyn (Middle) Elaine (Last) Lewis
4. DATE OF DEATH (Month) April (Day) 29 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec 18 1935
9. AGE last birthday: 17 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Students
10b. KIND OF BUSINESS OR INDUSTRY: High School
11. BIRTHPLACE (State or foreign country): Charlestown, W.Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Ernest Lewis
14. MOTHER'S MAIDEN NAME: Anna Russ
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Anna Lewis 134 W. Bethel Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Astrocytoma (Brain) — Interval Between Onset And Death 3 yrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 10 Dec 50
19b. MAJOR FINDINGS OF OPERATION Inoperable brain tumor
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1952, to 29 Apr, 1953, that I last saw the deceased alive on 29 Apr, 1953, and that death occurred at 1:15 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
I. F. Lusby MD 230 W Potomac St 1 May 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 3 1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Maryland
DATE REC'D BY LOCAL REGISTRAR May 2 1953
REGISTRAR'S SIGNATURE Chas. H. Mowan
24. FUNERAL DIRECTOR ADDRESS John A Waters Jr 24 W. Bethel St Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302 ... 1127

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
STREET ADDRESS (If rural give location) 112 Clarkson Ave.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) (No Name) (Last) Lynch

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Baby

8. DATE OF BIRTH: April 19 1953

9. AGE Last birthday: ... yrs. IF UNDER 1 YEAR: Months ... Days 5 IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred W. Lynch

14. MOTHER'S MAIDEN NAME: Grace Lightber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: 112 Clarkson Ave. Mr. Fred W. Lynch Hagerstown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Prematurity (28 weeks)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Prolapse of Cord before delivery

DUE TO (c) 761.5

Interval Between Onset And Death: 4 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Apr ..., 1953, to 23 Apr, 1953, that I last saw the deceased alive on 23 Apr, 1953, and that death occurred at 9:20 P ..., from the causes and on the date stated above.

SIGNATURE F F Fusby (Degree or title) MD — ADDRESS 230 Potomac Hagerstown — DATE SIGNED 24 Apr 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 25 1953 — NAME OF CEMETERY OR CREMATORY: Harmony Cemetery — LOCATION (City, town, or county) (State): Near Marlowe W. Va.

DATE RECD BY LOCAL REGISTRAR: Apr 24 1953 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR — ADDRESS: Albert L Leaf Williamsport Md.

204336532 1

RECEIVED
APR 27 1953
BUREAU W. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]128

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 57 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 602 West Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 602 West Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Francis (Last) Martin

4. DATE OF DEATH: (Month) Apr. (Day) 15 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-24-1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months 3 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Emmittsburg, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Martin
14. MOTHER'S MAIDEN NAME: Henrietta Hann

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-32-5388
17. INFORMANT & ADDRESS: Mrs. Violet Dorsey, Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death 1 yr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) General Arterio Sclerosis — 5 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2 53, 19 53, to Apr 15, 19 53, that I last saw the deceased alive on Apr 15 19 53, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title) [illegible] Beatty M.D. ADDRESS Hagerstown Md. DATE SIGNED 4/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-18-1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR Apr 18, 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04429

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Reid
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown RD #6

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Reid Md
STREET ADDRESS (If rural, give location) Hagerstown Rd #6

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) A (Last) MARTIN

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Nov 27. 1894
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Fine Stock
11. BIRTHPLACE (State or foreign country): FRANKLIN Co PA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William E. Martin
14. MOTHER'S MAIDEN NAME: Annie Gearhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Mary A Martin Hagerstown RD #6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 hours
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-14-, 1953, to 4-14, 1953, that I last saw the deceased alive on 4-14-, 1953, and that death occurred at P.P. m., from the causes and on the date stated above.

SIGNATURE H. Ew Dittrey (DEGREE OR TITLE) ADDRESS Hagerstown Md DATE SIGNED 4/15/53

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF April 17, 53 NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery LOCATION (City, town, or county) (State) Wav. Greencastle Pa

DATE REC'D BY LOCAL Apr 15, 1953 REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR A. E. Murnich ADDRESS Greencastle Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AID 8-51

APR 17

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Hocklander

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1130

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 830 Potomac Ave

3. NAME OF DECEASED: (First) ELDON (Middle) LAWRENCE (Last) MASTERS
4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Married)
8. DATE OF BIRTH: Sept 30 1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Real Estate Dealer Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Edom Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Masters
14. MOTHER'S MAIDEN NAME: Frances Rinker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-14-5273
17. INFORMANT & ADDRESS: Mrs Julia S. Masters 830 Potomac Ave Hagerstown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: Hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension — 9

DUE TO

(c) Arteriosclerosis — 3

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to 4 April, 1953, that I last saw the deceased alive on 3 April, 1953, and that death occurred at 6:30 A m, from the causes and on the date stated above.

SIGNATURE (Degree or title) E Ogle Woodbine MD ADDRESS Hagerstown Md DATE SIGNED 4/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/6/53
NAME OF CEMETERY OR CREMATORY Woodbine Cemetery
LOCATION (City, town, or county) (State) Harrisonbugg Va.

DATE REC'D BY LOCAL REGISTRAR Apr 6 1953
REGISTRAR'S SIGNATURE Elliott H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K Coffman Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416 T

APR 8 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 131

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1138 Oak Hill Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stoystown
STREET ADDRESS (If rural give location) No Address

3. NAME OF DECEASED: (Type or Print) (First) Lizzie (Middle) C. (Last) Metzgar

4. DATE OF DEATH: (Month) Apr. (Day) 25 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1-29-1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months 2 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Shanksville, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Stutzman
14. MOTHER'S MAIDEN NAME: Mary Masters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Mrs. Frances Plummer, Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X Immediate cause (a) Chronic Nephritis with uraemia — Interval Between Onset And Death 2 yrs +

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(260X) (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 1 yr +

19a. DATE OF OPERATION: NW
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NW
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to 25 apr, 1953, that I last saw the deceased alive on 24 apr, 1953, and that death occurred at 715 A.M., from the causes and on the date stated above.

SIGNATURE F. F. Lusby (Degree or title) M.D. 230 N Potomac St ADDRESS Hagerstown DATE SIGNED M.D.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-27-1953
NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
LOCATION (City, town, or county) Stoystown, Pa. (State)
DATE REC'D BY LOCAL REGISTRAR Apr 25, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

APR 23 1953
BUREAU V. S.

04432

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Cohen

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 14 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Pennsylvania
COUNTY: Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greencastle R # 2
STREET ADDRESS (If rural give location): near Welsh Run

3. NAME OF DECEASED (Type or Print): (First) PHYLLIS (Middle) ANN (Last) MILLER

4. DATE OF DEATH: (Month) (Day) (Year): Apr 21 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 20 1943

9. AGE last birthday: 9 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: In School

11. BIRTHPLACE (State or foreign country): near Welsh Run Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marshall M. Miller Jr

14. MOTHER'S MAIDEN NAME: Naomi Spickler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Marshall M. Miller Jr

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

401.2

Immediate cause (a) Rheumatic heart disease. acute — Interval Between Onset And Death: 3 mos.

DUE TO

Antecedent causes (b) Rheumatic fever. active — 2 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 3 ..., 1951, to April 21, 1953, that I last saw the deceased alive on April 21, 1953, and that death occurred at 11:00 AM from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas Robert Cohen M.D.
ADDRESS: CLEAR Spring Md.
DATE SIGNED: 4/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/23/53
NAME OF CEMETERY OR CREMATORY: Dunkard cemetery
LOCATION (City, town, or county) (State): Broadfording Md.

DATE REC'D BY LOCAL REGISTRAR: Apr. 23, 1953
REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman
ADDRESS: agerstown Md.

APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hagerstown Rt4
STREET ADDRESS (If rural give location) Route #4

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) Leon (Last) Mills
4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 7 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours I Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clarence L. Mills
14. MOTHER'S MAIDEN NAME: Cora Bingaman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Clarence L. Mills Hagerstown Rt#4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity not compatible to life
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

Interval Between Onset And Death

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 7, 1953, to April 7, 1953, that I last saw the deceased alive on April 7, 1953, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward Hoovelling MD
ADDRESS Hagerstown MD
DATE SIGNED April 12

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 13 1953
NAME OF CEMETERY OR CREMATORY Blairs Valley Cemetery
LOCATION (City, town, or county) (State) Clear Spring Rural Md.

DATE REC'D BY LOCAL REGISTRAR April 14 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Adrian H. Rowland
ADDRESS Clear Spring, Md.

2043295220

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

APR 16 1953
U. S.

Layman Sr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mooresville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Ellen (Last) Mills

4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct. 24, 1871

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Bridendolph

14. MOTHER'S MAIDEN NAME: Martha Weller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Harry O. Mills Mooresville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

560.4

Immediate cause (a) Acute coronary occlusion (?) — INTERVAL BETWEEN ONSET AND DEATH: 2 min.

DUE TO

Antecedent cause(s) (b) Obturator hernia — 19 days

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last ~~DUE TO~~

(c) Intestinal Obstruction

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Apr. 7-53

19b. MAJOR FINDINGS OF OPERATION: Small bowel strangulated in obturator foram

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 26 1953, to Apr. 14 1953 that I last saw the deceased alive on Apr. 14, 1953, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Walter Layman M.D. ADDRESS Hagerstown, Md DATE SIGNED 4/15-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 4-16-53 NAME OF CEMETERY OR CREMATORY Parkhead LOCATION (City, town, or county) (State) Clear Spring, Md. Rural

DATE REC'D BY LOCAL REG. Apr. 14, 1953 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Adrian H. Rowland ADDRESS Clear Spring, Md.

APR 16 1953
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr. Conrad

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leitersburg
LENGTH OF STAY (in this place) 12 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washingto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leitersburg
STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED: (Type or Print) (First) ZELLICA (Middle) MAUDE (Last) MINER

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: May 11, 1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Leitersburg, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Neuffer
14. MOTHER'S MAIDEN NAME: Anna Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. William Wishard, Waynesboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 + x

Immediate cause (a) Cardio Vascular Renal Disease — Interval Between Onset And Death 3 yrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 14, 1953, to Apr 17, 1953 that I last saw the deceased alive on Apr 17, 1953, and that death occurred at 2:00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert P. Conrad, M.D.
ADDRESS Hagerstown, Md
DATE SIGNED 4-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/20/53
NAME OF CEMETERY OR CREMATORY Leitersburg Cemetery
LOCATION (City, town, or county) (State) Leitersburg, Maryland

DATE REC'D BY LOCAL REGISTRAR Apr 20 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman, Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

APR 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural give location) 111 Potomac St.

3. NAME OF DECEASED: (Type or Print) (First) Oscar (Middle) John (Last) Morgan

4. DATE OF DEATH: (Month) April (Day) -8. (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Oct. 29 - 1890
9. AGE last birthday: 62-5-9 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Hardware Store
11. BIRTHPLACE (State or foreign country): Boonsboro Wash. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Morgan
14. MOTHER'S MAIDEN NAME: Florence Furry

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 219-14-8045
17. INFORMANT & ADDRESS: Leon K. Morgan Boonsboro Md. R.1.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage c̄ Rt Hemiplegia — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — 2½ yrs

DUE TO

(c) Hypertension Vascular Disease — (?) 3 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 1951, to Apr. 8, 1953, that I last saw the deceased alive on Apr. 8, 1953 and that death occurred at 4:15 a.m. from the causes and on the date stated above.

SIGNATURE Walter M. Wetty (Degree or title) M.D. ADDRESS Hagerstown DATE SIGNED 4-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried. DATE THEREOF April 11, 1953 NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md

DATE REC'D BY LOCAL REGISTRAR Apr. 10, 1950 REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Wm F. Bast & Sons ADDRESS Boonsboro Md.

Dr. Wetty
98 - Potomac Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 13 1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 382

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest Town) OR TOWN Rural Auto accident | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Cearfoss

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) Columbus (Last) Mort Jr.
4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5/20/31
9. AGE last birthday: 21 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Manufacturing
11. BIRTHPLACE (State or foreign country): Wash. Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Raymond Mort
14. MOTHER'S MAIDEN NAME: Ethel M. Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1949 1 yr.
16. SOCIAL SECURITY NO.: 214-28-5113
17. INFORMANT AND ADDRESS: Raymond Mort 952 Lanvale St. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

S23X Immediate cause (a) .....

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest hemorrhage & shock — 5 min

(c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway | (CITY OR TOWN) Greencastle (COUNTY) Pike #39 (STATE) Wash.

TIME OF INJURY (Month) 4 (Day) 6 (Year) 53 (Hour) 3:10 P.M. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? lost control of auto & crashed into abutment

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Robert Wells M.D., DEPUTY MEDICAL EXAMINER ADDRESS WASH CO., MD. Hagerstown, Md. DATE SIGNED 4.8.53

BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF 4/10/53 | NAME OF CEMETERY OR CREMATORY Rest Haven | LOCATION (City, town, or county) Hagerstown (State) Md.

DATE RECD BY LOCAL REGISTRAR Apr. 10, 1953 | REGISTRAR'S SIGNATURE Chas H. Bowers | 24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PR 15 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11138

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Hagerstown
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 415 West Church Street

3. NAME OF DECEASED: (Type or Print) (First) Theresa (Middle) Belle (Last) Mumma

4. DATE OF DEATH: (Month) Apr. (Day) 4 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 8-2-1892

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months 8, Days — IF UNDER 24 HRS.: Hours 2, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Zimerley

14. MOTHER'S MAIDEN NAME: Anna M. Long

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Anna M. Rager, Washington D. C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 420.0 (a) Uremia, acute — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive, arteriosclerotic heart disease. — unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 17, 19 50, to April 4, 19 53, that I last saw the deceased alive on April 4, 19 53, and that death occurred at 6:30 PM, from the causes and on the date stated above.

SIGNATURE: Charles Robert Cohen M. D. — ADDRESS: Clear Spring, Maryland — DATE SIGNED: April 6, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-9-1953 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: April 9, 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

VS-A15

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APR 13 19

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]439

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 70 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 792 FREDERICK ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 792 FREDERICK ST.

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) ROSELLA (Last) MYERS
4. DATE OF DEATH: (Month) APRIL (Day) 19 (Year) 1953
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify):
8. DATE OF BIRTH: 7/14/1865
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: HIRAM ARTHUR
14. MOTHER'S MAIDEN NAME: NANCY HEINEA
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No: NONE
17. INFORMANT & ADDRESS: MRS. C.C. JONES HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arterio sclerotic myocardial — Interval Between Onset And Death 5 yrs

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) heart disease c̄ myocardial
DUE TO (c) heart failure grade IV

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to 4.19, 1953, that I last saw the deceased alive on 4.17, 1953, and that death occurred at 3.30 P, from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Robert Mells M.D. ADDRESS Hagerstown, Md. DATE SIGNED 4.21.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/22/53
NAME OF CEMETERY OR CREMATORY Smithsburg Cem.
LOCATION (City, town, or county) Smithsburg, Wash. (State) Md.
DATE REC'D BY LOCAL REGISTRAR Apr 21, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR W. T. Norment, ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 23 1958
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]141

CERTIFICATE OF DEATH

Reg. Dist. No. 601

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Greencastle Pike

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural give location) Greencastle Pike

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Holley (Last) Myers

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec 10 1865

9. AGE Last birthday: 87 yrs. IF UNDER 1 YEAR: Months 4 Days 4 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Handy Man

10b. KIND OF BUSINESS OR INDUSTRY: Pick Mill

11. BIRTHPLACE (State or foreign country): Huyetts Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Myers

14. MOTHER'S MAIDEN NAME: Mary Jane Summers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 220-09-7806

17. INFORMANT & ADDRESS: Mr. Neal D Myers Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis, Generalized — Interval Between Onset And Death: 4 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb ..., 1953, to 4/14, 1953, that I last saw the deceased alive on 4/14, 1953, and that death occurred at 10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George Jennings MD. ADDRESS Hagerstown, Md DATE SIGNED 4/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April 17-53 — NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery — LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REGISTRAR April 17-53 — REGISTRAR'S SIGNATURE E Lee McElroy

24. FUNERAL DIRECTOR ADDRESS Albert L Leaf Williamsport Md.

RECEIVED
APR 23
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): ½ hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Rural
STREET ADDRESS (If rural, give location): Hagerstown Rt. # 2

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Baxter (Last) Norment Jr.

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 19 1953

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: Sept. 4, 1891

9. AGE last birthday: 61 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): physician

10b. KIND OF BUSINESS OR INDUSTRY: medical

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Baxter Norment Sr.

14. MOTHER'S MAIDEN NAME: Virginia Starr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Hilda Norment, Hagerstown Rt. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1½ hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 1953, to 4-6, 1953, that I last saw the deceased alive on 4-6, 1953, and that death occurred at 11:50P m., from the causes and on the date stated above.

SIGNATURE: John H. Homebaker M.D. (DEGREE OR TITLE) ADDRESS: 154 W. Washington St Hagerstown - Md DATE SIGNED: 4-8-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Apr. 9, 1953

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Apr 9. 1953

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son — ADDRESS: Hag. Md.

APR 13 1
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]42

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural give location) Williamsport md RFD #1

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Elizabeth (Last) Polley
4. DATE OF DEATH: (Month) April (Day) 7 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Oct. 10 1906	46 yrs.	5 / 28	

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Union town Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Arthur Ringer
14. MOTHER'S MAIDEN NAME: Maggie Alice Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Williamsport md mr. William r. Polley RFD #1

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Peritonitis DUE TO	1 week
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Diverticulitis & Peritonitis DUE TO	1 week
	(c)	
II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1/53, 19 to 4/7/53 19, that I last saw the deceased alive on 4/7/53 19, and that death occurred at 10 P.M., from the causes and on the date stated above.
SIGNATURE C. Flowers M.D. (Degree or title) ADDRESS Williamsport Md DATE SIGNED 4/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 11-53
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) Williamsport (State) Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 10 1953
REGISTRAR'S SIGNATURE Robert H. Bowers
24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport Md.

VS. A15

APR 13 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 54.1

Dr Keadle

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro R # 1
STREET ADDRESS (If rural give location) Benevola

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELLEN (Last) RECTOR

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 13, 1865

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Berlin, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Brandt

14. MOTHER'S MAIDEN NAME: Susan Civits

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Ruth Toms Boonsboro R # 1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion (embolus)

DUE TO

Antecedent causes (b) Arteriosclerosis generalized

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(9230) (c)

Interval Between Onset And Death: 12 hrs. indef

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Fracture, rt femur; senile dementia 3-8-53

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ✓

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ ✓ (Specify)

PLACE OF INJURY (Home, ~~farm, factory, street, office bldg., etc.~~) (CITY OR TOWN) (COUNTY) (STATE) Home as above.

TIME OF INJURY (Month) (Day) (Year) (Hour) Am of 3-8-53.

INJURY OCCURED While at Work ☐ Not While At Work ✓

HOW DID INJURY OCCUR? Fall.

22. I hereby certify that I attended the deceased from 3-8, 1953 to 4-19, 1953, that I last saw the deceased alive on 4-19, 1953, and that death occurred at 7:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert F. Keadle MD ADDRESS Hagerstown Md DATE SIGNED 4-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/22/53 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 21 1953 REGISTRAR'S SIGNATURE Elsie A. Rogers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

APR 23

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible] Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Jacob [illegible] [illegible]
4. DATE OF DEATH (Month) (Day) (Year): April - 18 - 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: [illegible] - 7 - 1900
9. AGE last birthday: 53-2-11 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oven [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible] Mfg. Co.
11. BIRTHPLACE (State or foreign country): Near Boonsboro Wash. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: Betty Cronise
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-16-4354
17. INFORMANT AND ADDRESS: Mrs. Ruth [illegible] [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1953, to April 18, 1953, that I last saw the deceased alive on April 18, 1953, and that death occurred at 1-25-P m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) M.D. ADDRESS: Boonsboro, DATE SIGNED: 4/20/53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: April 21, 1953
NAME OF CEMETERY OR CREMATORY: Boonsboro Mausoleum
LOCATION (City, town, or county) (State): [illegible]
DATE REC'D BY LOCAL REG.: Apr. 20, 1953
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

APR
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11145

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 643 W. Wash. St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 643 W. Washington

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) (Last) Saylor

4. DATE OF DEATH: (Month) 4 (Day) 11 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	widowed	Dec. 13, 1885	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Culpepper, Virginia	U.S.A.

13. FATHER'S NAME: George Deavers

14. MOTHER'S MAIDEN NAME: Sonora Richard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs. Robert Byers Williamsport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
190X Immediate cause	(a) Melanocarcinoma	6 months
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic heart disease.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 6., 1952, to Apr. 11., 1953, that I last saw the deceased alive on April 9., 1953, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

R. A. Bell M. D. Hagerstown Maryland Apr. 14. 1953

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/15/1953	Rest Haven Cemetery	Hagerstown Wash. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 14. 1953	Chas. H. Bowers	Fred W. Kraiss	Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Franklin Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greencastle
STREET ADDRESS (If rural, give location) Greencastle RFD #2 Pa.

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) C (Last) Shank
4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 15 1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months 0 Days 27 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Culpepper Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Grayson
14. MOTHER'S MAIDEN NAME: Emily Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: (Clearspring Md RFD 2 Mrs. James Gift (Charlton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
204.0
Immediate cause (a) Acute lymphatic leukemia
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH: 6 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to 4/12/, 1953, that I last saw the deceased alive on 4/12, 1953, and that death occurred at ..... m., from the causes and on the date stated above.
SIGNATURE W C Brewer (DEGREE OR TITLE) M. D. ADDRESS DATE SIGNED April 14, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 15-53
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Williamsport Maryland
DATE REC'D BY LOCAL REG. Apr 15, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

04447

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr. Earl Young

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 620 N. Prospect St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Catherine (Last) Shaw

4. DATE OF DEATH: (Month) Apr. (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Mar. 16, 1904

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months | Days; IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Myersville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Blickenstaff

14. MOTHER'S MAIDEN NAME: Lizzie Palmer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY No.: Unable To Locate

17. INFORMANT & ADDRESS: Cecil Shaw 620 N. Prospect St

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

414X

Immediate cause (a) Rheumatic Valvular Heart disease — Interval Between Onset And Death 30 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1935, 19 ....., to 4/4/53, 19 ....., that I last saw the deceased alive on 4/4/53, 19 ....., and that death occurred at 10:00 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Earl Young M.D. ADDRESS Hagerstown Md DATE SIGNED 4/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4-7-1953

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 6, 1953

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman, Hagerstown, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ...age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 8 19
BUREAU V. S.

Item 18 Film 1153 4-28-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring; LENGTH OF STAY (In this place) 2 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Wash.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring; STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Karol	Lynn	Shirley		4,	4	53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	single	Jan. 19, 1953	yrs.	2	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Riverdale, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Calvin R. Shirley	Francine L. Parshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	none	Calvin R. Shirley Clear Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cause of death not revealed by autopsy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) [illegible]

(c) Liver contained 0.7 m.s. % boric acide which was within normal range and does not indicate excessive absorption of boric acid.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			m.		

22 *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown Md. DATE SIGNED 4-6-53

Dr. Robert Mello M.D.

BURIAL, CREMATION OR MAUSOLEUM (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, Town, or county)	(State)
Burial	April 7, 1953	Pinesburg Mennonite Cem.	Pinesburg	Md.

DATE FILED BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 7/53	Josephine Murray	Adrian H. Rowland	Clear Spring, Md.

2213233404

MARGIN RESERVED FOR BINDING

USE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 9 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elsworth (Middle) (Last) Smith

4. DATE OF DEATH: (Month) 4. (Day) 13.53 (Year) 19

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7.4.1871

9. AGE last birthday: 81 yrs. If under 1 year: Months 10. Days 9. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor Farm

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Hancock Washington County MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louie Smith

14. MOTHER'S MAIDEN NAME: Susann Younker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Laura Smith Hancock MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Malnutrition	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	25 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1913., to April 12, 1953., that I last saw the deceased alive on April 12, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE H E Fabler (Degree or title) MD ADDRESS Hancock Md DATE SIGNED 4/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4.16.53

NAME OF CEMETERY OR CREMATORY: Riverview Cemetery

LOCATION (City, town, or county) (State): Hancock MD

DATE REC'D BY LOCAL REG. 4-16-53

REGISTRAR'S SIGNATURE J. L. Keller

24. FUNERAL DIRECTOR: Howard J. Grove ADDRESS Hancock md.

RECEIVED
APR 29 1953
BUREAU OF M

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2006 Lexington Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 2006 Lexington Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	William	Starleper	April	2	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs Hours	Min.
male	white	widowed	Dec. 14 1856	96 yrs.		18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farm Owner	Farm	Near Clearspring Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Starleper	Susan Beard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Miss Alice Mildred Starleper 2006 Lexington Ave Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) arterio sclerotic myocardial heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) myocardial heart failure grade Iv

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
None			m.			

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

S. Robert Wells M.D. DEPUTY MEDICAL EXAMINER WASH. CO., MD. Hagerstown, Md. 4.3.53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 4 1953	Mt. View Cemetery	Sharpsburg Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 3. 1953	Grace H. Powers	Albert L Leaf	Williamsport Md.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C 745 1 302

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 560 Jefferson St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 560 Jefferson St.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Franklin (Last) Stine

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: March 4, 1874

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Franklin Co. Penn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Stine

14. MOTHER'S MAIDEN NAME: Catherine Lizer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-14-2813

17. INFORMANT & ADDRESS: Mrs. Lulu Stottlemyer Hag. rt. 3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
4210	Immediate cause	(a) arterio sclerotic myocardial heart disease	
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) arteriosclerotic coronary heart disease	12yrs 5yrs
		DUE TO (c) acute ventricular fibrillation	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13, 1942, to Apr. 28, 1953 that I last saw the deceased alive on 4/26/53 5:30 P, and that death occurred at 5:30 P m. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

J. Robert Wells M.D. 115 N. Potomac St. Hagerstown, Md. 4/29/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 1, 1953

NAME OF CEMETERY OR CREMATORY Reformed Cemetery

LOCATION (City, town, or county) State Line Pa. (State)

DATE REC'D BY LOCAL May 1, 1953

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

RECEIVED
MAY 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Dr wells

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R.F.D.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Tilghmanton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown
STREET ADDRESS (If rural, give location) 15 East Cemetery St

3. NAME OF DECEASED (Type or Print) AB/3 (First) ALLEN (Middle) LEE (Last) STOVER

4. DATE OF DEATH (Month) Apr (Day) 12 (Year) 1953 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct 4 1932
9. AGE last birthday 20 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Aviation Boatswains Mate 3rd Class
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Calvin M. Stover
14. MOTHER'S MAIDEN NAME Helen B. Socks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give dates of service) USNavy
16. SOCIAL SECURITY NO. 217-28-5854
17. INFORMANT AND ADDRESS Mrs Helen S. Stover

USS BADOENG STRAIT

18. MEDICAL CERTIFICATION Funkstown Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

819X Immediate cause (a) Open fractures of skull. Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) 4 (Day) 12 (Year) 1953 (Hour) 12:50 A. m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Auto crashed into rural mail box and turned over

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE S. Robert Wells, M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED 4/13/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/15/53
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL Apr. 14, 1953
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Dr. B. B. Kneisley

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 333 Bryan Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 333 Bryan Place

3. NAME OF DECEASED: (Type or Print) (First) Martin (Middle) Luther (Last) Trovinger

4. DATE OF DEATH: (Month) Apr. (Day) 6 (Year) 19 53

5. SEX: MALE Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 17, 1867

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, (even if retired) Retired School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): Chewsville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Trovinger

14. MOTHER'S MAIDEN NAME: Susan Eakle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: None.

17. INFORMANT & ADDRESS: Mrs. Margaret Trovinger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 333 Bryan Place

240x

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 12 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arterio-sclerotic heart diease — Indefinite

DUE TO

(c) Diabetes Mellitus — App- 10 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28/, 1953, to 4/6/, 1953, that I last saw the deceased alive on April 6, 1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

148 W. Washington St.-Hagerstown, Md. 4/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4-9-1953

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 8, 1953

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman, Hagerstown, Md.

RECEIVED
APR 10 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 21451

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 56 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 2111 VIRGINIA AVE.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) AVIS (Last) TRUMPOWER

4. DATE OF DEATH: (Month) APRIL (Day) 3 (Year) 19 53

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 1/30/1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ELMER E. STONESIFER

14. MOTHER'S MAIDEN NAME: MARGARET G. AVIS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-14-7445

17. INFORMANT & ADDRESS: MR. WALTER L. TRUMPOWER HAGERSTOWN MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Coronary Thrombosis DUE TO — Immediate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/3/53 19..., to 4/3/53 19..., that I last saw the deceased alive on 4/3/53, 19..., and that death occurred at 11:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. F. Bowers M.D. Williamsport Md. 4/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/6/53 NAME OF CEMETERY OR CREMATORY Rest Haven Cem. LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Apr 4 1953 REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR W. J. Norment ADDRESS Hagerstown, Md.

VS./A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

04455

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Washington
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 601 W. Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md.
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 601 W. Church St.

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Agnes (Last) Turner

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Apr. 6. 1906

9. AGE last birthday: 47 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Mt. Jackson Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles E. Helsley

14. MOTHER'S MAIDEN NAME: Hannah F. Fadley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-28-4074

17. INFORMANT & ADDRESS: James A. Turner Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.3

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction due to coronary occlusion	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Hypertensive arteriosclerotic Heart Disease	5 years
260X	(c) DUE TO Scleroderma	unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus — 1 year
Raynaud's Disease — 7 years

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-19-53, 19....., to 4-26-53, 19....., that I last saw the deceased alive on 4-25-53, 19....., and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Julius Robert Cohen M. D. Clear Spring, Maryland 4-29-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4- 29- 1953
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Apr. 29. 1953
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: Scott F. Minnich & Son Hag. Md.
ADDRESS

RECEIVED
MAY 1 1953
DUBLIN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302 — 24456

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: WASHINGTON — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL HAGERSTOWN
STREET ADDRESS (If rural give location): HAGERSTOWN RT.#2

3. NAME OF DECEASED: (Type or Print) (First) FLORENCE (Middle) AMELIA (Last) UNGER

4. DATE OF DEATH: (Month) APRIL (Day) 19 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 8/7/1879

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DANIEL F. RICE

14. MOTHER'S MAIDEN NAME: ELIZABETH POTTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MR. GEORGE UNGER HAGERSTOWN RT#2 MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17/X

Immediate cause (a) CARCINOMA OF CERVIX

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) WITH PELVIC METASTISIS

DUE TO (c)

Interval Between Onset And Death: 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: INTER TROCHANTERIC FRACTURE OF FEMUR 2 mos.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Fractured Femur — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN): Hagerstown — (COUNTY): Wash — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/24, 1947, to 4/19/, 1953, that I last saw the deceased alive on 4/5/, 1953, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE: [illegible] M.D. — (Degree or title) — ADDRESS: Hagerstown Md. — DATE SIGNED: 4-21-53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/23/53 — NAME OF CEMETERY OR CREMATORY: St Pauls Church Cem. — LOCATION (City, town, or county) (State): Washington Co. Md.

DATE REC'D BY LOCAL REGISTRAR: Apr 21, 1953 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: W. J. Norment — ADDRESS: Hagerstown Md

APR 23 1953

Dr. Wm. Layman 04457

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Cty. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE West Virginia COUNTY Berkeley
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Falling Waters
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Mazzie (Middle) Mae (Last) Walker

4. DATE OF DEATH: (Month) Apr. (Day) 28 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May2, 1888
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Berkeley Cty., W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Myers
14. MOTHER'S MAIDEN NAME: Alice Hose

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Cleveland Walker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155X

Immediate cause (a) Carcinoma, primary in gall bladder
DUE TO a extension to liver and intestines

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

Interval Between Onset And Death: 4 months (history).

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: April 23, 1953
19b. MAJOR FINDINGS OF OPERATION As above
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1953, to April 28, 1953, that I last saw the deceased alive on April 27, 1953, and that death occurred at 3:20 A.M. D.S.T., from the causes and on the date stated above.

SIGNATURE W. Layman, M.D. (Degree or title) 5 Public Square ADDRESS Hagerstown, Md. DATE SIGNED April 28, 1953

BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-1-1953
NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery (near) LOCATION (City, town, or county) Clearspring, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Apr 29, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Ralph Young

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 4 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 1737 Va. Ave.

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) Schildknecht (Last) Warner

4. DATE OF DEATH: (Month) April (Day) 30, (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: April 19, 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Myersville, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David U. Schildknecht
14. MOTHER'S MAIDEN NAME: Cordia Palmer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Clifford N. Schildknecht 130 E. Franklin St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Apoplexy DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 1 Day

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/29/53, 19 ..., to 4/30/53, 19 ..., that I last saw the deceased alive on 4/30/53, 19 ..., and that death occurred at 2 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) C. F. Young M.D. ADDRESS William Spart, Md. DATE SIGNED 4/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 2, 1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown, Md. (State)
DATE REC'D BY LOCAL REGISTRAR May 1, 1953
REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 4 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04459

CERTIFICATE OF DEATH

Dr Wells

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hqgerstown
LENGTH OF STAY (in this place) 56 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 East Baltimore St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 112 East Baltimore St.

3. NAME OF DECEASED: (Type or Print) (First) DAISY (Middle) IRENE (Last) WOLFE
4. DATE OF DEATH: (Month) (Day) (Year) April 7 1953 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: April 29 1866
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Leitersburg Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis B. Leiter
14. MOTHER'S MAIDEN NAME: Sarah Mentzer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Ross L. Wolfe 112 E. Baltimore St

18. MEDICAL CERTIFICATION Hagerstown Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Generalized arteria-sclerosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Acute myocardial failure grade IV DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 1953 to 4.6, 1953 that I last saw the deceased alive on 4/6, 1953, and that death occurred at 4:10 A, from the causes and on the date stated above.

SIGNATURE S. Robert Wells MD, (Degree or title) ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 4.7.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/9/53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 8, 1953
REGISTRAR'S SIGNATURE Chas H Bowen

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04460

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Hagerstown
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 368 Pangborn Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 368 Pangborn Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Andrew (Middle) Luther (Last) Zimmerman

4. DATE OF DEATH: (Month) Apr. (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 28, 1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months 6 Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Ret. Poultryman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Franklin County, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Luther Zimmerman

14. MOTHER'S MAIDEN NAME: Joanna Eckert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-16-1439

17. INFORMANT & ADDRESS: Jane Zimmerman, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) arteriosclerotic heart disease with myocardial failure — 10 yrs +

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

(260X) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 6 yrs

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) N

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1946, to 28 apr, 1953, that I last saw the deceased alive on 28 apr, 1953, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. F. Lusby MD — ADDRESS: 230 N. Potomac — DATE SIGNED: 29 apr 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-1-1953 — NAME OF CEMETERY OR CREMATORY: Broadfording Cemetery — LOCATION (City, town, or county) (State): Broadfording, Md.

DATE REC'D BY LOCAL REGISTRAR: Apr. 29, 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

RECEIVED
MAY 1 1953
BUREAU V